<b>*</b>			,
. <del>.</del>	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X. Deuda Duan Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Received B. 1 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	BondeCroft Utility District Mr. Danny Brock, General Director 9100 Crossville Hwy	If YES, enter delivery address below:	a
	Sparta TN 38583	3. Service Type  Grant Certified Mail  Registered  Insured Mail  C.O.D.	
,	2. Article Number (Transfer from service label) 91 710	4. Restricted Delivery? (Extra Fee)	
	PS Form 3811, February 2004 Domestic Retu	3 73 1 1770 4 16	

• Without care